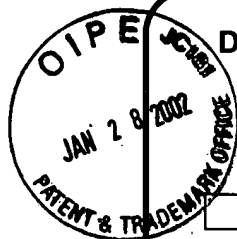


#3

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**☐Declaration
Submitted
with Initial
Filing

OR

☒Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)**Attorney Dock t Number**

HILL 100

First Named Inv ntor

Richard A. Hillstead et al.

COMPLETE IF KNOWN**Application Number**

09/942,236 /

Filing Date

August 29, 2001

Group Art Unit

3739

Examiner Name**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Medical Instrument

(Title of the Invention)

the specification of which

☐

is attached hereto

OR

☒

was filed on (MM/DD/YYYY)

August 29, 2001

as United States Application Number or PCT International

Application Number 09/942,236

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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PTO/SB/01 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION — Utility or D sign Patent Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label OR ☒ Correspondence address below

Name Gary W. McFarron

Address Cook, Alex, McFarron, Manzo, Cummings & Mehler, Ltd.
200 W. Adams Street
Suite 2850

City Chicago

State IL

ZIP 60606

Country USA

Telephone (312) 236-8500

Fax (312) 236-8176

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Richard A.

Family Name or Surname Hillstead

Inventor's Signature

R.A. Hillstead

Date 01/02/02

Residence: City Duluth

State GA.

Country US

Citizenship US

Mailing Address 3495 Leaf Land CT.

City Duluth

State GA.

ZIP 30097

Country US

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Bryan D.

Family Name or Surname Knodel

Inventor's Signature

Bryan D. Knodel

Date 1-11-02

Residence: City Flagstaff

State AZ

Country USA

Citizenship USA

Mailing Address P.O. Box 22024

City Flagstaff

State AZ

ZIP 86002

C untry USA

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

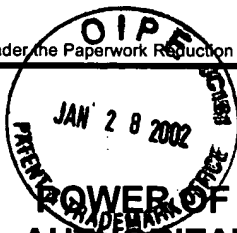
Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/942,236
Filing Date	August 29, 2001
First Named Inventor	Richard A. Hillstead et al.
Title	MEDICAL INSTRUMENT
Group Art Unit	3739
Examiner Name	
Attorney Docket Number	HILL 100

I hereby appoint:

- ☐ Practitioners at Customer Number →

Place Customer
Number Bar Code
Label here

OR

- ☒ Practitioner(s) named below:

Name	Registration Number
Gary W. McFarron	27,357
Andrew Kolomayets	33,723
Stephen B. Heller	30,181
Renee C. Lewald	48,356

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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<input checked="" type="checkbox"/> Firm or Individual Name	Cook, Alex, McFarron, Manzo, Cummings & Mehler, Ltd.				
Address	200 West Adams Street, Suite 2850				
Address					
City	Chicago	State	IL	Zip	60606
Country	USA				
Telephone	(312) 236-8500	Fax	(312) 236-8176		

I am the:

- ☒ Applicant/Inventor.

- ☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Richard A. Hillstead
Signature	<i>R.A. Hillstead</i>
Date	01/02/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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**POWER OF ATTORNEY OR
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Application Number	09/942,236
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Title	MEDICAL INSTRUMENT
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Attorney Docket Number	HILL 100

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Address					
City	Chicago	State	IL	Zip	60606
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Bryan D. Knodel

Signature 

Date 1-14-02

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